UNDERSTANDING the TRAUMATIC Grief of Suicide

By Dr. Jennifer R. Levin

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Suicide is unlike any other loss. A parent whose heart has been broken by the death of their child, a spouse or partner living with the indescribable reality of life without their soulmate, or an adult child silently carrying the weight of their parent's suicide collectively face grief that is sudden, overwhelming, and life-altering. Even when there were previous attempts or signs of distress, suicide almost always feels shocking and abrupt. When it comes without warning, loved ones are left blindsided as they struggle to grieve and comprehend a life-shattering pain that appears out of nowhere.

Survivors of suicide loss carry not only the weight of their loved one's absence but also the burden of navigating trauma symptoms, unanswered questions, and the stigma that surrounds suicide, all while struggling to rebuild a meaningful life in a world that feels forever changed. This grief is not something to "get over." Grievers will need to learn how to live with their pain and need to be supported by understanding, compassion, and spaces where they are neither judged nor silenced.

Grief after a suicide death has no timeline. The devastation can remain just as painful years later as it was in the immediate aftermath. During acute grief, it is common to experience shock, numbness, or disbelief, serving as a protective layer against emotions too intense to fully process. Once these emotions begin to dissipate, symptoms of grief and trauma — such as intrusive flashbacks, anxiety, hypervigilance, rumination, or the constant replay of "what ifs" — can present with an intensity that can feel unbearable. Many survivors wrestle with guilt, regret, self-blame, or the belief that they could have prevented their loved one's death. Their "assumptive world," an internal belief system about how the world works (i.e., the world is benevolent and meaningful), is shattered, leaving them feeling vulnerable, untethered, frightened, and forever changed.

For many, suicide loss is also shaped by stigma. Too often, survivors find themselves being judged for not recognizing warning signs, for not preventing the suicide, or for having a loved one who committed a religious or moral sin. There is often a misperception that suicide is always associated with mental health problems. Friends, colleagues, and even extended relatives may withdraw, unsure of what to say or uncomfortable with the subject. Some minimize the death because of how it occurred, avoid mentioning it altogether, or treat survivors differently, as though the suicide has somehow tainted them.

Exercises for Challenging Emotions and Thoughts After a Suicide

Most of the time, our nervous system can manage the day-to-day stressors of life — a last-minute work assignment, bad traffic, or conflicts with family and friends. However, early on, grief after a suicide is likely to overwhelm your nervous system, forcing it out of its usual balance, resulting in a state of hyperarousal (fight or flight), hypoarousal (depression, emotional numbness), or a fluctuation between both. Throughout the grieving process, you may find yourself triggered by sensory experiences (i.e., a memory, smell, sound, or sight) or grief attacks, which are unexpected, intense waves of emotions that result in dysregulated or overwhelming emotions.

Techniques, including breath work, visualizations, or affirmations, can help regulate your emotions during intense moments of grief. When feeling emotionally overwhelmed, one of my favorite techniques is a grounding exercise to connect you with the here and now using your five senses. To begin, sit comfortably and close your eyes:

1. Name five things you saw before you closed your eyes.
2. List four sounds that you can hear.
3. Describe three fragrances you can smell.
4. Put your hands on your lap and describe two things you feel.
5. Think about the last thing you tasted.

In addition to dysregulated emotions, it is common to have recurring thoughts that are rooted in guilt, regret, and blame. These thoughts may include negative self-dialogue such as "I should've stayed home," "If only I'd gotten there sooner," or "I wish I'd pushed them to get help." At first, these thoughts can act like a shield, sparing you from the full emotional weight of your new reality. But over time, they can become all-encompassing and distract you from working through grief or trauma. Identifying and acknowledging that these thoughts are rooted in guilt, regret, or self-blame is essential for transforming your internal dialogue.

Photo by Pablo Merchán Montes

Once recognized, you can gradually reframe them into a neutral or compassionate understanding of how your role may have impacted your loved one's death. For example:

1. Negative thought: "My sibling would be alive if I had insisted they get care."
2. Emotion: Self-blame.
3. Reflection: "Blaming myself makes me feel depressed and unable to feel present in life. If I had done more, maybe they would still be alive."
4. Reframed thought: "Even if I had done more, the results could have been the same."

Unanswered Questions and Uncertainty

A loved one's suicide frequently leaves unanswered questions and/or feelings of uncertainty. In the days, months, and even years after a suicide, loved ones often find themselves focused on the unknown, replaying unanswered questions in an attempt to avoid the unbearable reality of absence. These haunting "whys" and "what ifs" are intensified by the collapse of the assumptive world, the once-stable belief that life is predictable, fair, and meaningful. With this psychological foundation shattered and many questions remaining unanswered, survivors can be left feeling unsafe, out of control, or untethered. Confronted with life's unpredictability and the painful truth that some questions will never be answered, they experience not only uncertainty but also a deep sense that the ground beneath them has permanently shifted.

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One helpful exercise for working through the uncertainty and unanswered questions that follow a suicide is to write them all down. When left in our minds, these questions can feel overwhelming and unrelenting, but putting them on paper often lessens their hold. Once you've made your list, place an "X" beside the questions you could potentially answer with effort, research, or inquiry. Then place a check mark next to the ones that will forever remain unknown. Moving forward in grief requires finding ways to live with these check-marked questions by learning to tolerate them, make peace, or develop a new narrative around them. This is not a quick process. Be patient with yourself as you move through the unknown.

When feelings about loss of control set in, shift focus toward what you can control. Make a list of the choices and actions that are fully within your power each day. Even small decisions — including what to wear, what to eat, or how to structure a moment of your day — can bring a sense of agency and stability. Alongside this, identify what is outside your control, such as the weather, traffic, or major life events. Recognizing that there will always be limits to control allows you to loosen your grip on the impossible and direct your energy where it matters most. In doing so, you may begin to find both relief and resilience in the face of life's uncertainties.

Moving Towards Healing

The idea of healing after a suicide can seem unfathomable and potentially even unwelcome early on. In fact, completely healing after a loved one takes their life is an impossible task. However, feeling good, living a fulfilling life, and experiencing joy, happiness, and laughter again is not. You will not always feel the way you do right now, and with time, patience, and self-compassion, you will continually move towards healing.

Friends and family may think that talking out loud to your deceased loved one, feeling their presence, or even consulting a medium is something you should avoid to facilitate your healing process; in fact, it's actually quite the opposite. Research has shown that presence within absence (connecting with and feeling your loved one as if they were still here) is part of a healthy grieving process. If comfortable, I encourage you to engage in conversations, imagine their presence, and maintain shared interests in the things you used to enjoy together (i.e., working on cars, biking, or volunteering). You can build a continued bond with your loved one by engaging in activities that honor their memory and keep your connection alive.

With the suicide of your loved one also comes the loss of the future you had envisioned. Dreams once cherished, time together, sharing milestones, having a family, or simply enjoying everyday moments may now feel painfully out of reach. Part of moving toward healing is allowing yourself to grieve not only your loved one, but also these secondary losses that shape your future. Over time, healing can mean slowly finding new paths to honor old dreams, discovering ways to create meaning in your life, or remaining open to possibilities you may not have imagined before. Though the future will never look exactly as you once planned, it can still hold love, fulfillment, and purpose.

The death of a loved one to suicide is one of the most challenging, painful, and traumatic life events that shatters assumptions and leaves behind unanswered questions. Although life-changing, it is not life-ending. With support, resources, and an openness for new possibilities, there are ways to maintain connections with your loved one, pursue future goals, and move towards healing.